

## **Request for an Accounting of Disclosures of Protected Health Information**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **I. Request for Accounting**

I hereby request an accounting of disclosures of my protected health information (PHI) in a “designated record set” held by the Kentucky Employees Health Plan (the “Plan”) in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). Please provide an accounting of disclosures of PHI that occurred during the following period:

\_\_\_\_\_

\_\_\_\_\_

I understand that the Plan is not required to provide an accounting of disclosures of PHI made (1) to carry out treatment, payment or health care operations; (2) to me; (3) incident to a use or disclosure otherwise permitted or required by HIPAA; (4) pursuant to an individual authorization; (5) to certain persons involved in my care or payment for that care or to notify certain persons of my location, general condition, or death, or to assist in disaster relief efforts; (6) for specific national security or intelligence purposes; (7) to correctional institutions or law enforcement when the disclosure was permitted without authorization; (8) as part of a “limited data set” (as defined in HIPAA), which largely relates to research purposes; or (9) prior to the compliance date of April 14, 2003.

I understand that the accounting will include disclosures of PHI that occurred during the six years (or such shorter time period, if applicable) prior to the date of this request, including disclosures to or by business associates of the Plan. Except as otherwise provided below, for each disclosure, the accounting will include:

- the date of the disclosure;
- the name of the entity or person who received the PHI and, if known, the address of such entity or person;
- a brief description of the PHI disclosed; and
- a brief statement of the purpose of the disclosure that reasonably informs me of the basis for the disclosure, or, in lieu of such statement, a copy of a written request for disclosure.

If the Plan made a disclosure over a period of time, the accounting may state the range of dates during which the disclosure was made. If a disclosure is routinely made within a set period after an event, the accounting may state the date of the event and the normal period within which the disclosure is made.

### **II. Other Important Information**

If during the period covered by the accounting the Plan has made multiple disclosures of PHI to the same person or entity for a single purpose, that accounting may, with respect to such multiple disclosures, provide the above-referenced information for the first disclosure, with the frequency, periodicity or number of the disclosures made during the accounting period, and the date of the last disclosure.

If during the period covered by the accounting the Plan makes its records available over a discrete period of time, the accounting may include the range of dates (e.g., access was provided from August 1 to August 3, 2003; or during the week of August 10, 2003). Alternatively, if the disclosure is routinely made within a set period of time from an event, the accounting may provide the date of the event and the normal interval.

If during the period covered by the accounting the Plan has made disclosures of PHI for a particular research purpose for 50 or more individuals, the accounting may, with respect to the disclosures for which my PHI may have been included, provide certain information as permitted by HIPAA. If the Plan provides an accounting for such research disclosures, and if it is reasonably likely that my PHI was disclosed for such research activity, the Plan shall, at my request, assist in contacting the entity that sponsored the research and the researcher.

I understand that the Plan has 60 days to respond to this request. If the Plan is unable to take action within the applicable time period, the Plan may extend the time for such action by 30 days, provided that the Plan, within the applicable time period, gives me a written statement of the reasons for the delay and the date by which the Plan will complete its action on the request.

If this request is for a second or subsequent accounting within a 12-month period, I agree to pay a reasonable, cost-based fee for the accounting.

### **III. Signature of Member or Member's Representative**

\_\_\_\_\_  
**Signature of member or member's representative**

\_\_\_\_\_  
**Date**

*(Form MUST be completed before signing.)*

Printed name of the member's personal representative:

\_\_\_\_\_

Relationship to the member, including authority for status as representative:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed